



The following Coverage Agreement outlines, in detail, the coverages and premiums agreed upon by the Florida Municipal Insurance Trust and City of Alachua.  
The effective date of this agreement is 10/01/2018-09/30/2019.

### Coverage / Plans

#### Medical Coverage

UnitedHealthcare, Rx Copays \$10/\$35/\$60; 2.5 for mail order \$25/\$87.50/\$150

### Premiums

UnitedHealthcare Plan 5 HSA		UnitedHealthcare Choice Plus Plan 14	
Employee	\$580.34	Employee	\$698.60
Employee + Spouse	\$1,160.65	Employee + Spouse	\$1,397.21
Employee + Children	\$1,102.63	Employee + Children	\$1,327.35
Employee + Family	\$1,856.85	Employee + Family	\$2,235.53

### Other Specified Items

Effective October 1, 2015, the Florida League of Cities is partnering with UnitedHealthcare to offer AARP Medicare Supplement and Medicare Advantage plans to decrease the overall cost to the retirees. The current Medicare Supplement plan will no longer be available due to the UnitedHealthcare plans being a more cost effective alternative.

Disclosure (new FMIT groups only)  
Dependent SSN for enrollment

### Signatures

Representative, Florida Municipal Insurance Trust

Date

Adam Boukari, City Manager

7/23/18  
Date

Note: Termination of coverage requires a 45 day written notice.



May 18, 2018

American Fidelity

RE: City of Alachua 2018 Vision Renewal

Dear American Fidelity:

As a valued client of Humana, we would like to thank you for allowing us the opportunity to provide the vision benefits portion of your benefits package. Our goal is to ensure that the City of Alachua experiences the highest quality service and benefits.

It is our pleasure to provide you with the Vision renewal rates for the current benefits effective October 1, 2018. The rates are guaranteed for 2 years, to renew October 1, 2020.

The renewal rates are as follows:

	Current Monthly Premiums	Renewal Rates New HV 130 Plan
Employee Only	\$5.41	\$5.66
Employee + One Dependent	\$10.84	\$11.34
Employee + Family	\$14.39	\$15.05

Should you have any questions regarding the renewal rates or benefits, please feel free to contact me at 314.401.1760.

Lastly, as part of our process regarding renewals, please complete the acknowledgement below and return a copy to me as soon as possible. This will complete our documentation of the renewal process.

Sincerely,

Cheryl Hennicke

Health Solutions Client Executive

*Acknowledgement:*

*We hereby acknowledge that we have received and reviewed the renewal listed within this notification and agree with the terms of the renewal.*

Signed

Dated

7/23/18

Print Name Adam Boukari, City Manager